

# Professionals' and Clients' Perspectives on Why Clients Don't Use, or Use Only Once, Community-based Child Health Services

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## **Abstract**

*Child and Youth Health (CYH) is a Statewide, Government funded provider of community based child and youth health services in South Australia. CYH provides the National Health and Medical Research Council recommended health checks at designated developmental stages of a child's life. Whilst almost 80% of children receive at least one service from CYH, the proportion of initial service uptake has been falling for a number of years. In addition, the number of families that only made use of a CYH service once and never returned has increased over the same time period. CYH conducted this study to identify any factors that could explain the observed trends. A number of randomly selected families (600) were involved in a series of focus groups and telephone interviews to provide information. At the same time, 100 CYH nurses completed a questionnaire constructed to elicit their perceptions of why clients appeared to be increasingly under-utilising CYH services. Over 90% of the CYH staff suggested that a prior negative experience with CYH would be the provided reason by clients as to why they never use, or use only one, CYH services. However, only 7% of clients provided that reason. The vast majority of families stated that they saw no need to use the CYH service because their child was healthy or that they used their General Practitioner for the service because they couldn't differentiate between what the GP could offer from what CYH could offer. Reasons for the results are discussed. The findings provide unique Australian data that is of value to community based health providers.*

## **Key Words**

child, health, community, primary, staff perspective

## Introduction

Child and Youth Health (CYH) is a Statewide, Government funded provider of community based child and youth health services in South Australia. CYH has a history of almost 100 years. For many years CYH has noted the issue of why certain clients choose not to use its services or why certain clients only choose to use its service once and only once. Historically 15-20 % of clients never enrolled with CYH and of the 85% that did enrol, 20-25% of them only used our service once. More recent trends in service uptake (see Figure 1) show that the number of clients enrolling with CYH was decreasing, particularly over the last 5 years.

Knowledge about what type of families, and why they don't make use of the free community based child health services is important. It is quite possible that some proportion do not need the services provided by CYH (ie. 5<sup>th</sup>

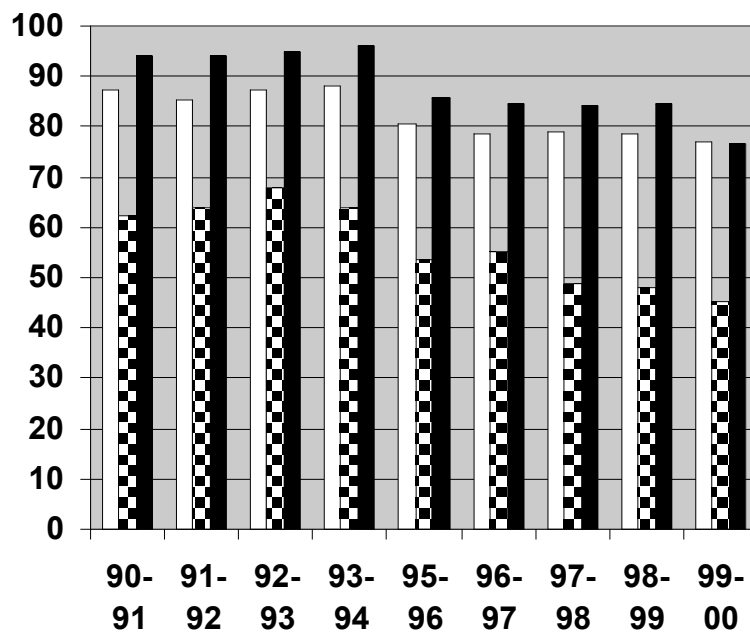


Figure 1

child, high parenting skills, high SES etc). However, it is also likely that some will be from sub populations that child health service providers particularly want to have some contact (First time parents, low SES, poor parenting practice etc). A literature search could provide no recent evidence of research of this nature (i.e. Changes to service usage of community based child health care) being conducted within Australia previously.

## Methodology

CYH commissioned two research projects. Project A was designed to investigate why some families chose **not** to register with CYH ever and Project B was designed to investigate why some families used CYH for the first Recommended Health Check (RHC) (1-4 weeks) yet did not return for the next RHC conducted by CYH (6-7 months).

Data were extracted from our copy of the Births, Deaths and Marriages database and CYH's own longitudinal electronic data base (CRIB). From these 2 sources, over 300 families for each project were interviewed. Each family had a child aged between 9 and 12 months of age. A power analysis showed that this size sample was adequate for being 95% confident with the results. Four focus groups were conducted (2 from the sample that had never used CYH and 2 from the sample that had used CYH only once). The information from the focus groups was used to generate the content of a telephone survey for each project (300 interviews for each project). The sample covered 135 postcodes throughout the State including both metropolitan and rural. The age profile of

the sample was similar to the State demographic profile of parents as was the number of first time parents and sole parents. Of the clients that had never used CYH for the new infant, 77% had used CYH in the past

At the same time, a survey of 100 CYH staff that have contact with young families was also conducted. This was done to investigate the reasons clinicians would give regarding the service under-utilisation and allow the staff responses to be compared and contrasted with client responses.

## **Results**

### *Project A Clients who have never used CYH for their new infant*

#### Staff Survey

Ninety five staff surveys were completed. Staff were asked to provide reasons for 2 questions: (A) why they thought some clients never registered and (B) why they thought some clients came to CYH only once.

For question (A) 42 different reasons were provided by staff (multiple responses were possible) and for question (B) 40 different reasons were given. Each reason was mentioned by at least one staff member with some reasons mentioned by up to 58 staff .

For clients that never used CYH (A), the 42 different reasons were able to be reduced into 9 categories. The categories and the proportion of staff and clients mentioning a reason within the category are listed below. For comparative purposes, the proportion of clients mentioning a reason within each category is also presented :

- Use General Practitioners (60% of staff, 66% of clients)
- Use family/hospital/chemist etc (80% of staff, 10% of clients)
- Previous bad experience with CYH by self or others (90% of staff, 7% of clients)
- Didn't know about CYH (60% of staff, 5 % of clients)
- Healthy child/experienced parents (65% of staff, 12% of clients)
- Opening times/venue/transport issues (65% of staff, 4% of clients)
- CYH is irrelevant (60% of staff, 5% of clients)
- Clients see CYH as Government/FAYS (13% of staff, 0% of clients)
- Various other reasons (23% of staff, 7% of clients)

Because staff were presented with open ended questions and could provide multiple responses a direct comparison of the *percentages* with client responses is problematic. However it is clear that staff were similar to clients in stating that the use of the GP (or other health services) was common. However staff were much more likely to provide “negative” reasons such as prior bad experience or unsuitable times/ venues than clients were.

#### Client Survey Overview

The overview of the results is as follows:

- CYH was held in high regard and were seen to have a good reputation by over 90% of clients
- A large proportion were of the opinion that nothing would have encouraged them to visit CYH for the RHCs.
- Over 80% of clients claimed to have had the “health check” performed by others, usually their GP
- A large proportion of clients commented about lack of knowledge about the range (and uniqueness) of CYH services
- A large proportion of clients suggested that CYH becoming involved antenatally would be beneficial.

The results also show that clients that never used CYH for their new infant were more likely to be at least second time parents. Results also showed a large proportion of clients used or have knowledge of the CYH Parent Helpline. Only a small proportion of clients offered “negative” reasons about CYH such as prior bad experiences, staffing, access and quality of venues.

### *Project B Clients who used CYH once and never returned*

#### Staff Survey

The reasons provided by staff as to why clients did not return to CYH for the 6-8 month RHC after having the 1-4 week RHC were categorised into the following (again staff and client percentages are included for comparison):

- Use General Practitioners (44% of staff, 67% of clients)
- Use family/hospital/chemist etc (20% of staff, 7% of clients)

- Previous bad experience with CYH by self or others (100% of staff, 7% of clients)
- Didn't know about CYH services (60% of staff, 5 % of clients)
- Healthy child/experienced parents (65% of staff, 16% of clients)
- Opening times/venue/transport issues (60% of staff, 4% of clients)
- CYH is irrelevant (60% of staff, 5% of clients)
- Clients see CYH as Government/FAYS (4% of staff, 0% of clients)
- Various other reasons (23% of staff, 10% of clients)

Because staff were presented with open ended questions and could provide multiple responses a direct comparison of the *percentages* with client responses is problematic. However it is clear that staff were similar to clients in stating that the use of the GP (or other health services) was common. Particularly in the “open ended” section of the client survey, many clients commented that they had a poor knowledge of the uniqueness and breadth of available CYH services. Similar to Project A results, staff were much more likely to provide “negative” reasons such as prior bad experience or unsuitable times/ venues than clients.

### Client Survey Overview

The overwhelming factor associated with not returning was a perceived lack of need. In the main the lack of need was because the parent stated that their GP conducted the check whereas others saw their child as healthy and not in need of a RHC.

Only 3% of clients did not think that CYH had a good reputation. Whilst some issues such as “unfriendly”, “lecturing” or “poor advice” were mentioned they were rare and appeared to be related more to inconsistency than a major problem.

An overview of the results is as follows:

- 94% of clients thought that CYH had a good reputation (3% did not know)
- 73% of clients had used their GP or other health service
- 16% saw their child as healthy and not in need of a RHC
- 10% of clients were too busy or forgot
- 7% claimed a prior bad experience as the reason
- 5% mentioned difficulty accessing the service either in terms of opening time or venue access

### **Discussion**

The results of the two studies have provided unique information about factors affecting the likelihood of using CYH services, both initially and ongoing, in particular, the NHMRC Recommended Health Checks. The literature, in Australia at least, offers no similar studies for comparison.

Overall, the client participants in the study held CYH in high regard and perceived their needs to be met because their child was “healthy” or they used other services (usually their GP) to provide the health checks/services to their infant. CYH provided the 6-7 month RHC to 45% of the families in South Australia and of the 55% who didn't use CYH for the RHC (based on the present study), 80% claimed that their child had received a health check. However, some areas of improvement for CYH to consider were identified. Areas such as more detailed knowledge of the CYH breadth and depth of services (and their uniqueness compared to other services/GP) and antenatal contact were mentioned. Importantly, however, a large proportion of clients also stated that there was nothing CYH could have done to encourage them to return.

It is of interest to note that the changes in service uptake, particularly the 6-7 month RHC, have been most prominent since 1995. Around that time, the NHMRC made significant changes to the RHC requirements. For example, based on NHMRC recommendations, routine screenings (during Health Checks) for developmental delay were replaced with “parental” prompts (questions) by clinicians. At the same time, the role of the GP with regard to immunisation was highlighted by the College of General Practitioners and in 1998, the Federal Government introduced the GP Immunisation Incentive Scheme. The immunisation schedule calls for an immunisation at 6-7 months and many clients (and staff) mentioned that the clients perceive that the GP performed the RHC during the immunisation encounter. The increased role of GPs in immunisation coupled with a lack of knowledge about the uniqueness of the CYH RHC (and other services) may well explain a significant proportion of the falling service uptake rates.

Also of note was the difference between staff perceptions and client perceptions around the issues of “previous bad experience” and “opening times/appointments/venues”. CYH staff were much more critical of the organisation and of their peers (or both) with regard to these two issues, when compared with client responses. Whilst not an uncommon finding within the evaluation literature, it further highlights that different stakeholders can have markedly different perspectives about the same issue.

Some clients (and staff) mentioned that they forgot or that reminder letters may have helped. An automated reminder system has already been developed by CYH and commenced July 1 2001. It would be interesting for the Organization to evaluate its impact over time. However, given the fact that approximately 60% of clients said that there was *nothing* that CYH could have done to increase the service uptake, any changes that could be attributed to the reminder system would probably be moderate at best.

The results of the project also highlight a number of issues that CYH may need to discuss in its future service planning and resource allocation. Issues such as whether the aim of the Organization should be to increase the uptake of RHCs (when the vast majority of parents think their child has already had a health check) versus channelling additional effort into targeting a particular population group or providing a new service to a high risk area or population for example. For example, should CYH work more closely with GPs and the Colleges to emphasise the role of the Personal Health Record and the importance of maintaining the longitudinal results of the health checks within one system, in this case CYHs own system (CRIB)? Another issue is the impact of the results of the present study on the marketing of CYH both at the traditional Marketing Unit level and at the clinician level. Finally, some discussion within the organisation is needed around the effect of having differences of perception between staff and clients on particular items and how these differences (in effect a dynamic tension) impinge on day to day contacts with clients and other staff and clinical practice in general.